



COMBINED DRIVING COMPETITION REPORT
YEAR _____

Name of Show or Event

Location

Date

Owner's Name

USEF #

Address

Registered Name of Horse

Reg #

Horse's USEF #

Show Name (if applicable)

Driver

CLASS	TEAMS/PAIRS/ETC.	PLACE/SCORE	JUDGE

I hereby attest to the authenticity of the above scores.

Show Secretary

Date

Return this form:
ASHBA Sport Horse High Point Program
4083 Iron Works Parkway
Lexington, KY 40511

THIS FORM MUST BE SIGNED BY THE SHOW SECRETARY